

Work Order ID 100950***100950***

Page 1

May-01-13 7:09:03 AM

Item ID: 646.3710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

30

30

Start Date: 4/30/13

Start Qty: 5.00

5

Required Date: 5/10/13

Req'd Qty: 5.00

5

Reference:

Cust Item ID:

Customer:

Approvals:

Process Plan: UL3

Date: 1305-03

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
646.3700	A

110

110

Purchasing

Memo

0.00

CL 06/05/13 x30

Purchasing

Issue P/O: 19800

Manufacture as per dwg

Possible supplier: SOUTHLANDFABRICATION

Material release note is required.

120

120

Packaging

Memo

0.00

PC (3/6/13 3)

Packaging

130

130

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

SMD

0.00

15.6.13

30

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification	QC Inspector							
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear	General				Grain				Ovalized				Pressure/Forced							
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>	Weld	<input type="checkbox"/>	Wrong Stock Pulled					
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Positioned Wrong					
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other					

Work Order ID 100950***100950***

Page 2

May-01-13 7:09:03 AM

Item ID: 646.3710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 4/30/13 Start Qty: 5.00

5

Cust Item ID:

Required Date: 5/10/13 Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
140 *140* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
Outsource process - Anodize	Memo ANODIZE AS PER DWG ISSUE PO: _____	0.00							
150 *150* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							
Packaging	Memo	0.00	<i>Done by Sathish</i>	<i>JM</i>					
160 *160* QC	QC5- Inspect part completeness to step on W/O	0.00							
Quality Control	Memo	0.00							

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 100950

100950

Page 3

May-01-13 7:09:03 AM

Item ID: 646.3710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Doubler

Start Date: 4/30/13 **Start Qty:** 5.00

5

Required Date: 5/10/13 **Req'd Qty:** 5.00

5

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

**Sequence ID/
Work Center ID**

**Operation
Description**

**Set Up/
Run Hours**

Tool ID

Tool #

**Plan
Code**

**Accept
Qty**

**Reject
Qty**

**Reject
Number**

**Insp.
Stamp**

170

170

SprayPaint

Spray Painting

Memo

PRIME AS PER DWG (SEE NOTE 2)

BATCH:

180

180

QC

Quality Control

Memo

QC14- Inspect Spray Paint

0.00

0.00

N/A

0.00

Done at Sartland

190

190

Packaging

Packaging

Memo

Receive & Inspect for Damage & Mat'l Certs

0.00

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

195

ID & STOCK

PLT. 87539

10/13/13 (30)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other			

Work Order ID 100950***100950***

Page 4

May-01-13 7:09:03 AM

Item ID: 646.3710

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Doubler

Stop

NS2

Start Date: 4/30/13

Start Qty: 5.00

5

Cust Item ID:

Required Date: 5/10/13

Req'd Qty: 5.00

5

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

200

QC21- Final Inspection - Work Order Release

0.00

13/6/17
*[Signature]****200***

QC

Quality Control

Memo

0.00

MF
13-6-13

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <hr/> <hr/> <hr/>		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <hr/> <hr/> <hr/>	

Picklist Print

May-01-13 7:09:02 AM

Page 1

Work Order ID: 100950

Parent Item: 646.3710

Parent Item Name: Doubler

Start Date: 4/30/13

Required Date: 5/10/13

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A 12.12.19 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
646.3710P Doubler		Manufactured	No				Each	0.0000		X 30			

193/4/13

NCR: Yes / No

DQA: _____ Date: _____

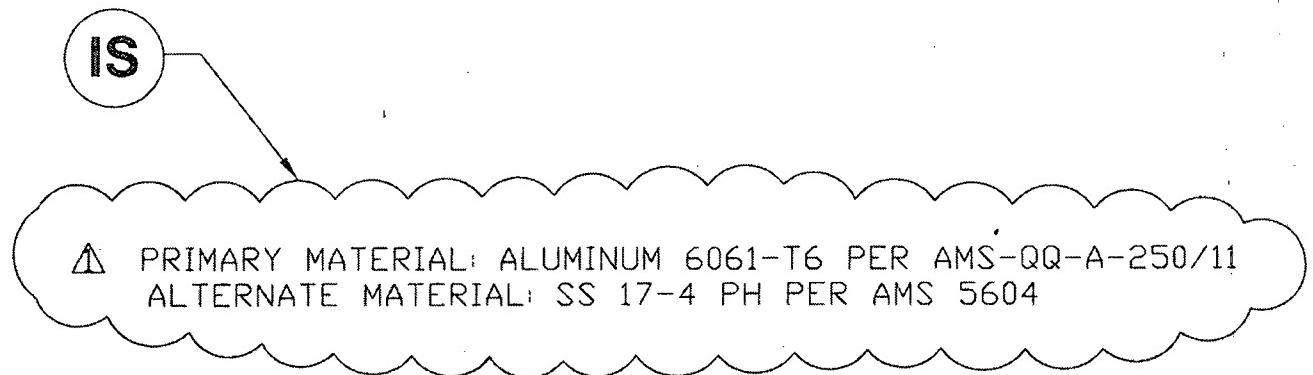
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

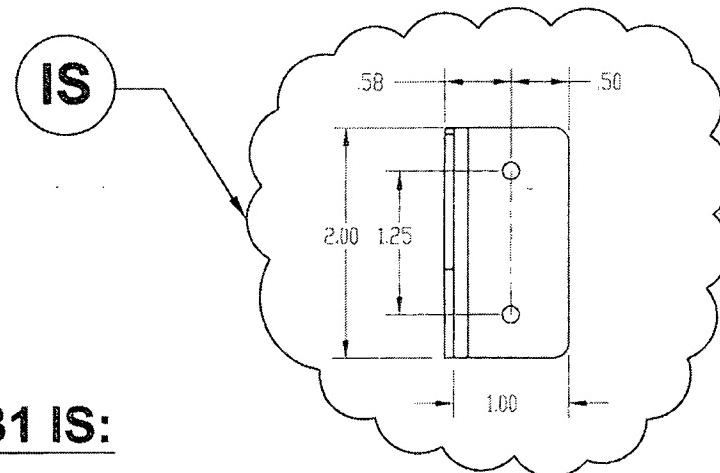
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE, NO. 03702			SHEET 1 OF	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECTIVE □ INC. X
DWG TITLE: SHEETMETAL					QC
APPROVED BY:	ENGR: <i>[Signature]</i>	MFG: <i>[Signature]</i>	QC: <i>[Signature]</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC) A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS				EDR: D-12-010

SHEET 1, ZONE A2 IS:



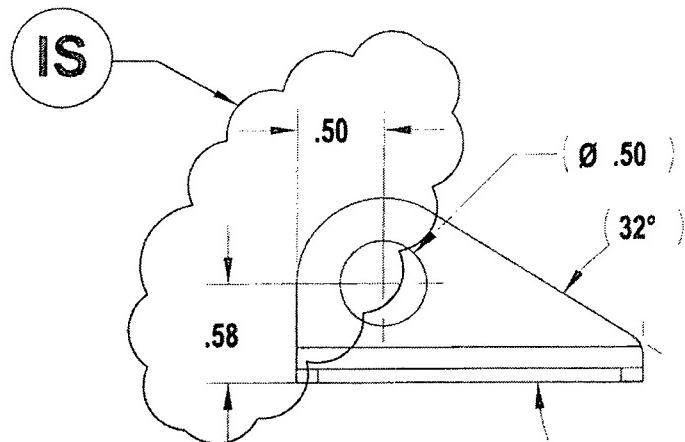
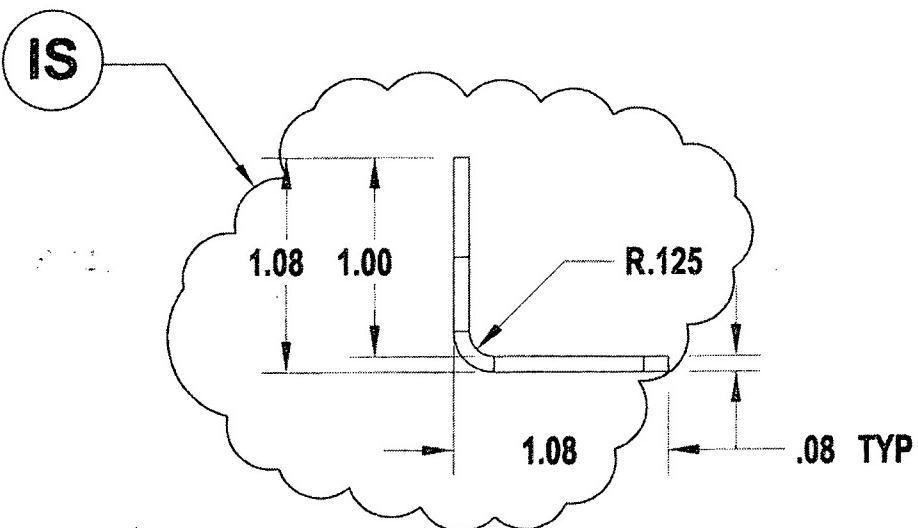
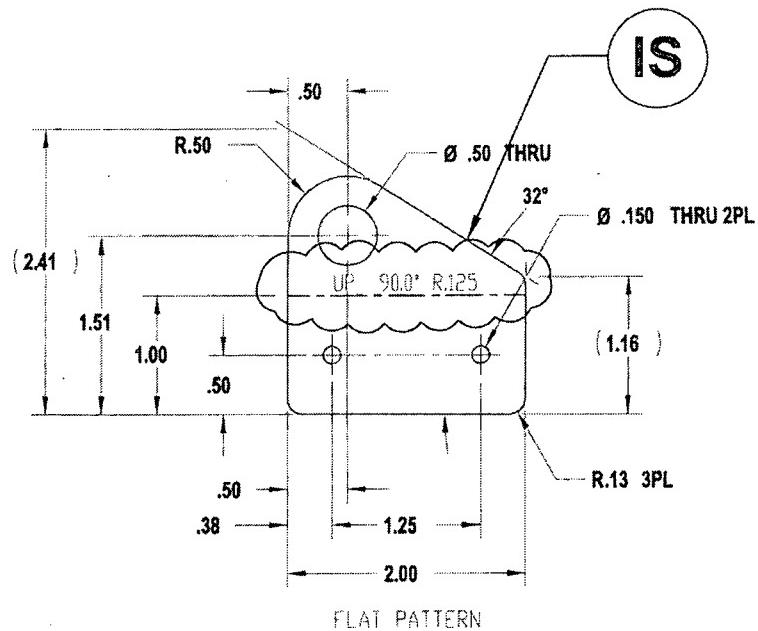
SHEET 7, ZONE B1 IS:



STL 00000000000000000000000000000000
11/15/12 10:40 AM
ENGINEER: G.
UNCONVENTIONAL: NO
SUBJECT: 03702-01
WIRE: 03702-01
WIRE: 03702-01
NO_100950.MCJ

13-05-03

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	<input type="checkbox"/> CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**SHEET 7, ZONE C4 IS:****SHEET 7, ZONE D1 IS:****SHEET 7, ZONE B7 IS:**

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
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100950

1. MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11

2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III
CLASS 2, COLOR BLACK
CARDINAL 4840-50 PRIMER/TREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N

3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900

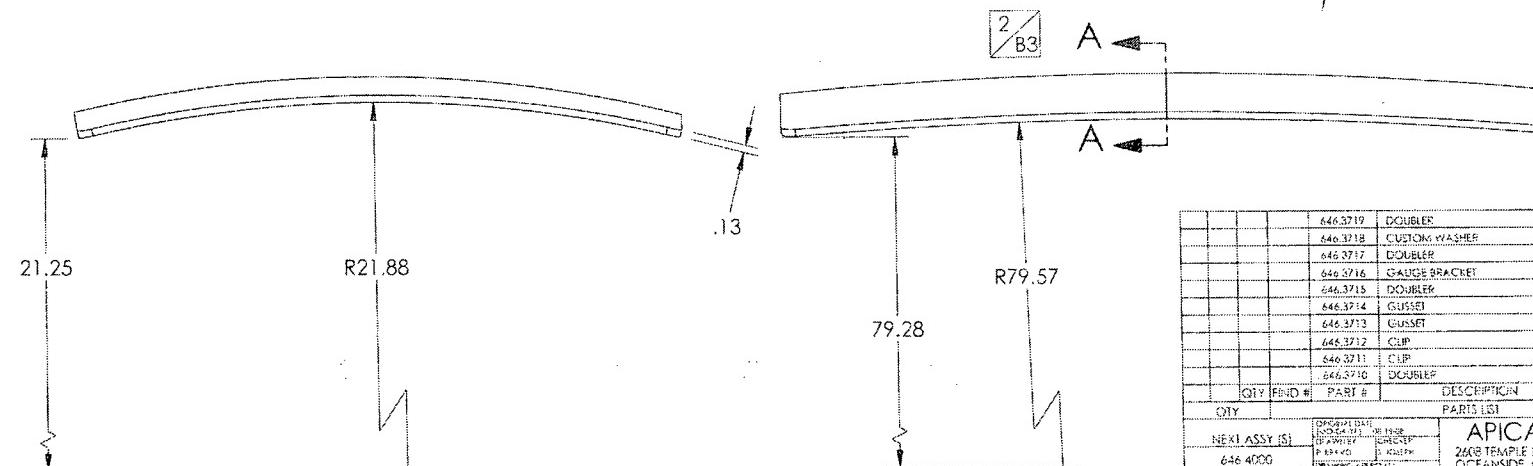
4. FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N

5. DEBURR AND BREAK ALL SHARP EDGES

6. IDENTIFY IAW MPP-120

646.3710

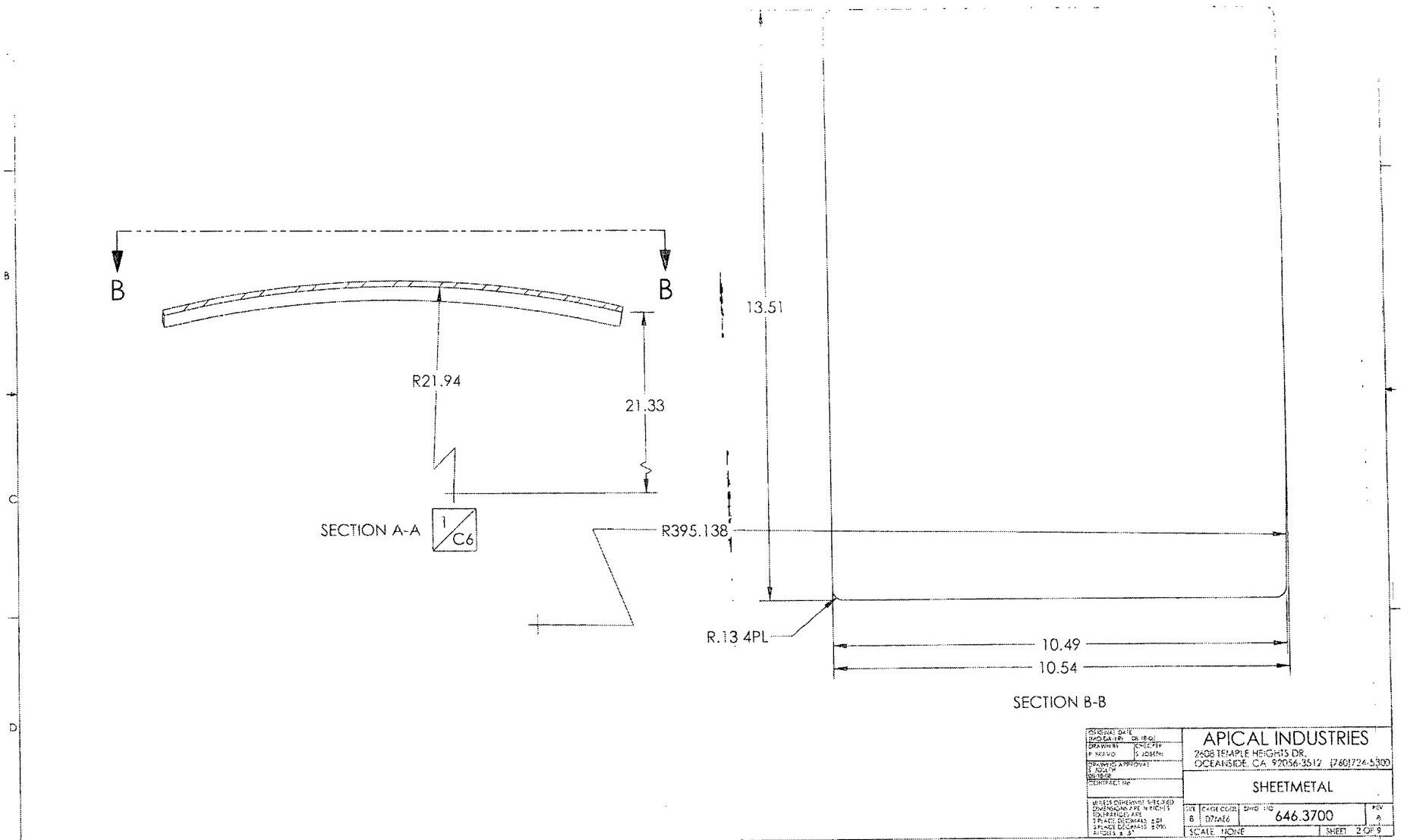
UNINCORPORATED ECN(s)

03702

QTY	REF #	DESCRIPTION	MATL	SPEC
PARTS LIST				
	646.3719	DOUBLER		
	646.3718	CUSTOM WASHER		
	646.3717	DOUBLER		
	646.3716	GAUGE BRACKET		
	646.3715	DOUBLER		
	646.3714	GUSSET		
	646.3713	GUSSET		
	646.3712	CLIP		
	646.3711	CLIP		
	646.3710	DOUBLER		

NEXT ASSY (S) 646.4000	646.4010	646.4010	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE CA 92056-3512 (760)722-5300	
	646.4011	646.4011		
SHEETMETAL				
PRINTING APPROVED				
NET PAGE CODE	DOC NO	646.3700		
B-07M6		646.3700		
SCALE: NONE		SHEET 1 OF 2		

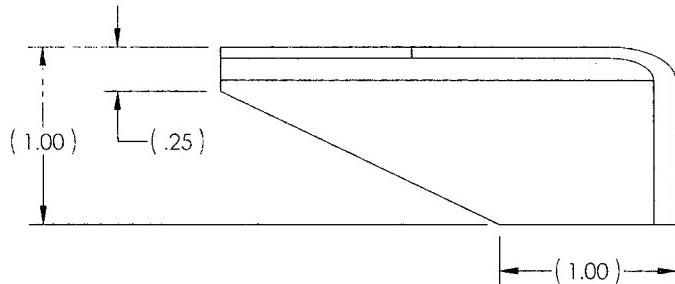
100950



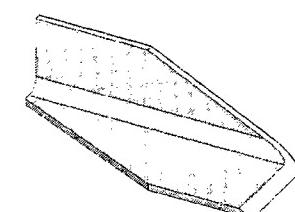
ORIGINAL DRAWN BY: [Signature]	APICAL INDUSTRIES
DRAWN BY: [Signature]	2608 TEMPLE HEIGHTS DR.
P. NO. 00	OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWING APPROVED BY:	
DESIGNER: [Signature]	
CONTRACT NO:	
W.D. 10/10/01	SHEETMETAL
2000 DRAWN BY: [Signature]	
2000 DRAWN DATE: 10/10/01	
2 PLACE DECIMALS: #.00	
3 PLACE DECIMALS: #.000	
4 PLACE DECIMALS: #.0000	
5 PLACE DECIMALS: #.00000	
6 SCALE: NONE	
7 SHEET: 2 OF 8	

100950

A

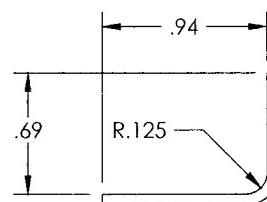
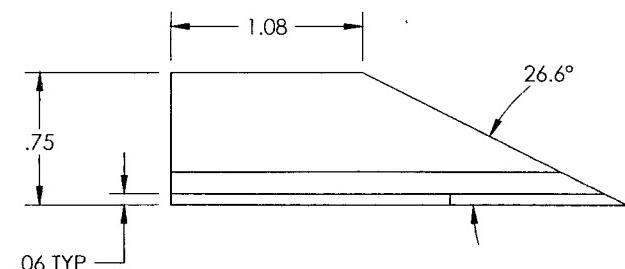


B

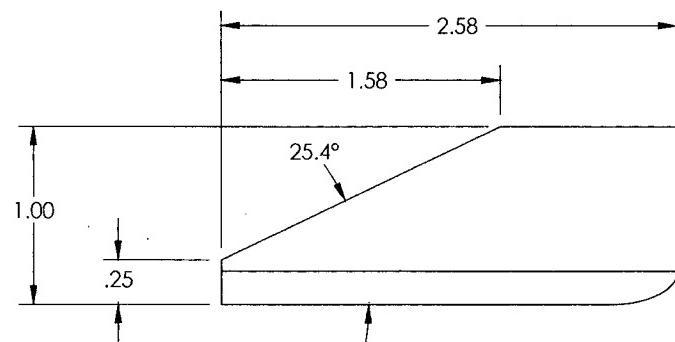


646.3711 SHOWN
646.3712 OPPOSITE

B



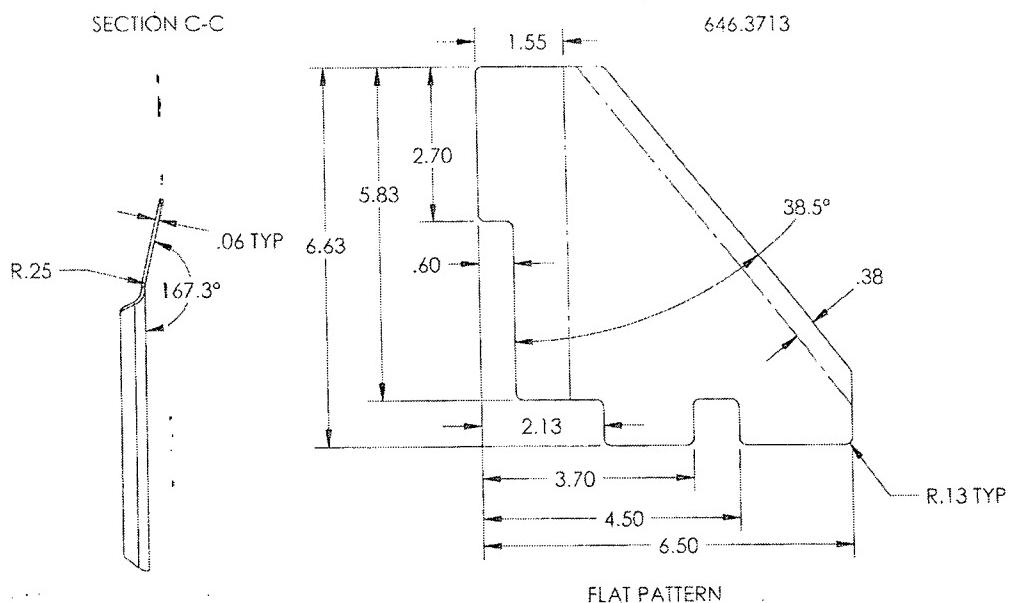
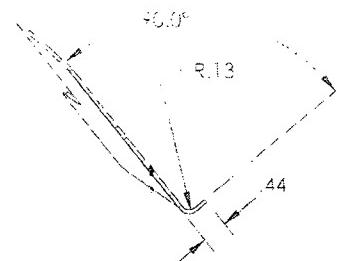
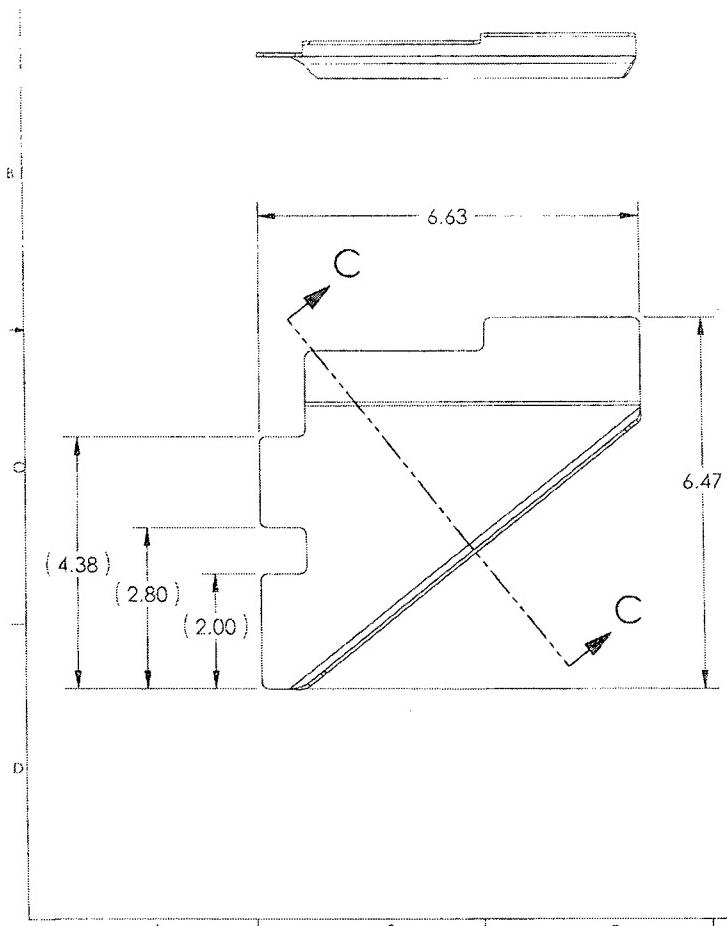
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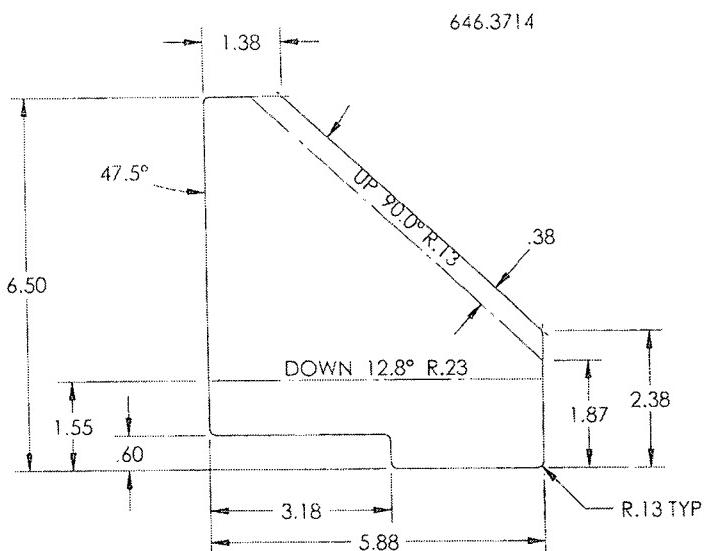
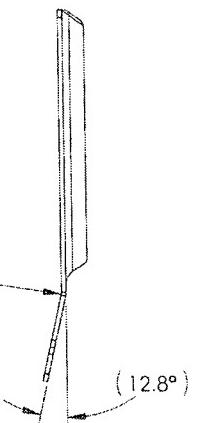
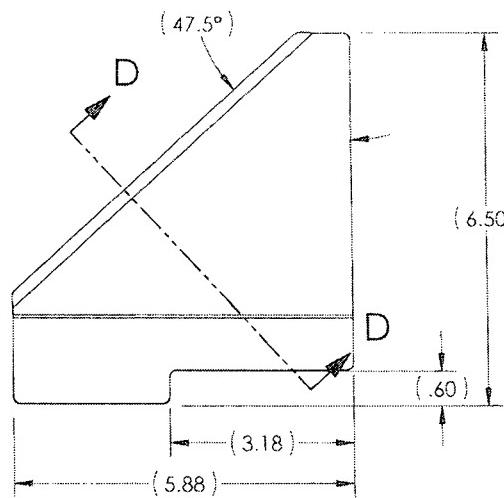
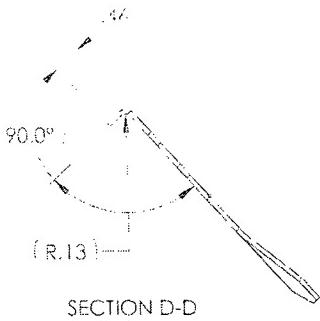
NEXT ASSY (S)	ORIGINAL DATE	09-16-08	APICAL INDUSTRIES
	DRAWN BY	S. JOSEPH	2608 TEMPLE HEIGHTS DR.
P. BRAVO			OCEANSIDE, CA. 92056-3512 (760)724-5300
	DRAWING APPROVAL		
	09-16-08		
	CONTRACT NO.		
	UNLESS OTHERWISE SPECIFIED		
	DIMENSIONS ARE IN INCHES		
	TOLERANCES ARE:		
	.010" FOR LENGTHS & LINES		
	.005" FOR ALL OTHERS		
	3 PLACE DECIMALS ± .005		
	ANGLES ± .5°		
	SCALE: NONE	REV. A	SHEET 3 OF 9
	SIZE	CAGE CODE	DWG. NO.
	B	07M26	646.3700

10050



NEXT ASSY (S)	SPACER ASY	SPACER ASY	APICAL INDUSTRIES
1. 0000	2. 0000	3. 0000	2608 TEMPLE HEIGHTS DR.
4. 0000	5. 0000	6. 0000	OCEANSIDE, CA. 92056-3512 (760)724-5300
7. 0000	8. 0000	9. 0000	SHEETMETAL
10. 0000	11. 0000	12. 0000	13. 0000
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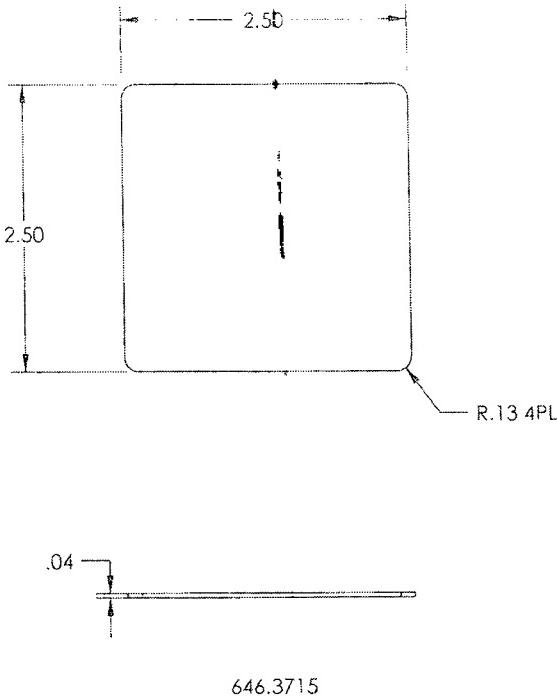
100950



FLAT PATTERN

ORIGINAL DATE 08-12-2008	APICAL INDUSTRIES
CLASSIFICATION P-PP-VG	2609 TEMPLE HEIGHTS DR.
CHASING INFORMATION None	OCEANSIDE, CA 92054-3612 (760)724-5300
CONTRACTOR	
EXTRUSION CHECKED EQUIPMENT USED MACHINING EQUIPMENT TOOLING EQUIPMENT STOCK MATERIAL TOLERANCES .005	SHEETMETAL
DATE ISSUED 08-12-2008	DATE REV'D 646.3700
B D7Ma	RE. A
SCALE NONE	SHEET 5 OF 9

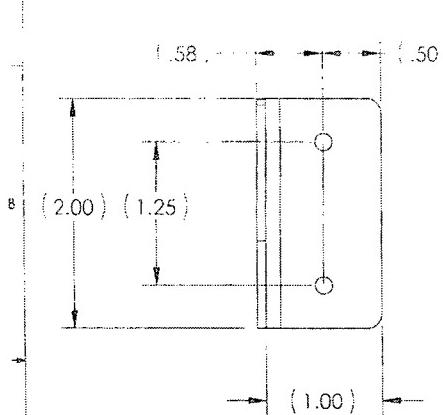
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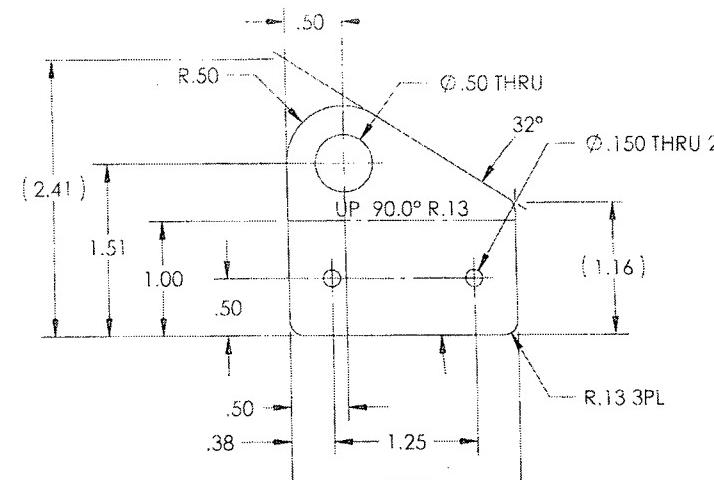
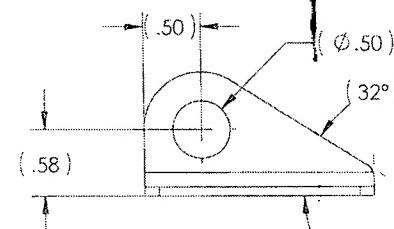
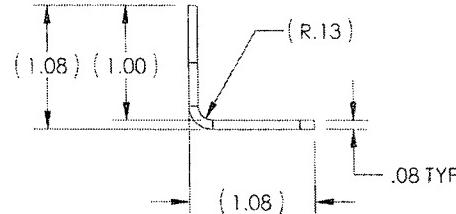
646.3715

NEXT ASSY [S]		SPC CHART NO. 06-18-06	APICAL INDUSTRIES	
DRAWN BY: [Signature]		SPC APPROVAL:	2608 TEMPLE HEIGHTS DR OCEANSIDE, CA. 92056-3512 (760)724-5300	
MATERIAL: S.304F		DESIGNER APPROVAL:		
DATE: 06-18-06		REVIEWER:		
DESCRIPTION:		EX-18 OR		
PARTS LIST OTHER THAN SPECIFIED		EX-18 OR		
DIMENSIONS ARE IN INCHES		EX-18 OR		
ALL PLATES DECKLASS 100		EX-18 OR		
STRAIGHT DECKLASS 100		EX-18 OR		
ANGLES 5/8"		EX-18 OR		
SCALE: NONE		EX-18 OR		
DATE: 07-16-06		EX-18 OR		
DRAWING CODE: DWS-06		EX-18 OR		
B: 07-16-06		EX-18 OR		
REV: A		EX-18 OR		
646.3700		EX-18 OR		
SHEET 6 OF 6		EX-18 OR		

100950



646.3716



FLAT PATTERN

NEXT ASSY IS:	646.3716	OPP ALUMINUM	661600	REVERSE	100%
PROJ BY:	P. SPALDING	DATE:	10/10/00	VER:	1
DESIGNED BY:	SPALDING	REV:		MANUFACTURED BY:	
MADE BY:		STL:		COMPONENTS:	
PROCESSES:		STL:		ASSEMBLED:	
PROPS:		STL:		TESTED:	
NOTES:		STL:		SHIPPED:	
PRINT DATE:	10/10/00	PRINT NO.:	E 074526	SCALE:	1:1
PRINTED BY:	SPALDING	PRINT DATE:	10/10/00	SHIPS:	1 SHEET OF 1

APICAL INDUSTRIES

2608 LIMALE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL

00560

E.C. 100

3.50

1.50

.06

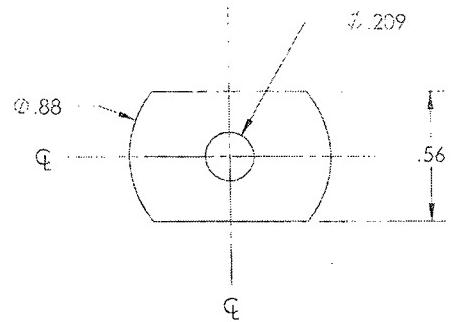
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A B C D

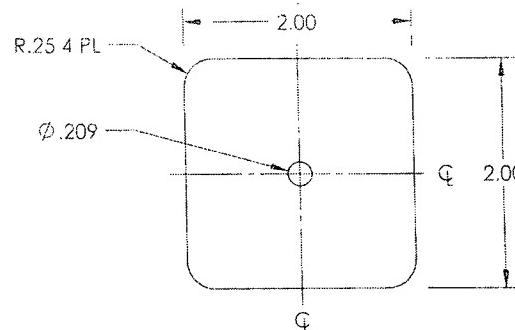
1 2 3 4 5 6 7 8

NEXT ASSY IS:	ORGANIZATION IS:	OS MADE:	APICAL INDUSTRIES
DRAWN BY:	DESIGNED BY:	DRWNS BY:	2608 TEMPLE HEIGHTS DR.
SPRNG 1986	SPRNG 1986	SPRNG 1986	OCEANSIDE, CA. 92054-3512 (760)774-5300
CD: 10/86	CD: 10/86	CD: 10/86	
CHANGES IN:	CHANGES IN:	CHANGES IN:	
UNLISTED CHANGES IN SPECIFICATIONS	UNLISTED CHANGES IN SPECIFICATIONS	WE: CHG: CDR: Dwg. No:	SHEETMETAL
CAMBRONIC EAR 21 ARCHES	CAMBRONIC EAR 21 ARCHES	B 1 DM/6	646.3700
1/4" PLATE 1200x15' 300L	1/4" PLATE 1200x15' 300L	SCALE: INCHES	SHEET B OF 7
ANGLE 1/2"	ANGLE 1/2"		

005001



646.3718



646.3719

NEXT ASSY IS:	UPGRADE DATE:	APICAL INDUSTRIES	
		MANUFACTURER:	INCITEF P BRAVO
		SPC WORK APPROVAL:	2408 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
		OR TOLERANCE:	COMPACT
		SPC DOCUMENT NUMBER:	SHEETMETAL
		DATE CODE:	646.3700
		REV:	A
		SCALE:	1:100-1 SHEET 2 OF 2



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO19800

Purchase Order Date 5/6/2013
PO Print Date 5/6/2013

Page Number 1 of 1

Order From : VU-SOU004

SOUTHLAND FABRICATION
411 INDUSTRIAL WAY
FALLBROOK, CALIFORNIA 92028

Contact Name	Buyer	Brigitte Golden
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	Net 30
	Currency	USD
	FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	646.3710P	Doubler	5/10/2013 Yes	30.00 Each	FedEx PI collect	\$268.0000	\$8,040.00

PO Total: \$8,040.00



No substitution or deviation without consent.

Certificate of Conformity or Material Certification required - YES NO

Change Nbr: 1

Change Date: 5/6/2013

**SOUTHLAND FABRICATION
411 INDUSTRIAL WAY
FALLBROOK, CA. 92028**

PACKING SLIP

No : 00012726

To: Dart Aerospace Ltd
1270 Aberdeen Street
Hawesbury ON K6A 1K7
Canada

Ship To: Dart Aerospace Ltd
1270 Aberdeen Street
Hawesbury ON K6A 1K7
Canada

Ship VIA	P.O. #	FOB	Date	Page
UPS	19800	ORIGIN	06/11/2013	1

Quantity	Part Number	Rev	Job #
30	646.3710 Doubler	A	00011925

Received By: _____

Date: _____

Certificate Of Compliance

Date : 06/11/2013

Job No.: 00011925

Customer : Dart Aerospace Ltd

P.O. Number : 19800

Part Number : 646.3710

A

Quantity : 30

Description : Doubler

We hereby certify that all parts and/or material supplied by us have been produced in conformance with all contractually applicable purchaser's specification as referenced in the purchase order and/or drawing(s) supplied.

Received By: _____

Date: _____